Financial questionnaire

TAF Insurance

You have applied for insurance from TAF with a high insured amount (or several insurance policies which, when added together, form a high insured amount). Therefore, the insurer would like to assess whether the insured amount matches the amount required to cover the financial consequences of death.
This is required by the supervisory authority Autoriteit Financiële Markten (AFM), De Nederlandsche Bank (DNB) and the insurer, among others. We therefore ask you to complete this financial questionnaire.

Have you completed and signed the financial questionnaire?
Then please send it, including the requested documents, by e-mail to info@taf.nl.

Do you need help filling in the financial questionnaire?
Your financial advisor will be pleased to help you. Of course, you can also contact us. We are available on weekdays from 9 a.m. to 5 p.m. on telephone number 040-707 38 90 or e-mail address info@taf.nl.

TAF

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Financial questionnaire

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1. Personal data of the insured person

Initial(s):		Middle name:	
Surname:			
Address:			
Postcode/Town:			
Phone number:		E-mail:	
Mobile phone number:			
Date of birth:		Gender:	❑ Male ❑ Female
Nationality:			
Occupation:			
Number of children:		Age of children:	
Annual gross income:	€	❑ Payroll	❑ Self-employed ❑ DGA
Marital status:	❑ Married	❑ Single	❑ Cohabiting
	❑ Widow/Widower	❑ Divorced	

2. Reason for applying for this insurance?

❑ Mortgage	Continue to section 2.1
❑ Care for next of kin	Continue to section 2.2
❑ Partnership insurance	Continue to section 2.3
❑ Hedge against inheritance tax	Continue to section 2.4
❑ Keyman-insurance	Continue to section 2.5
❑ Business loan	Continue to section 2.6
❑ Other	Continue to section 2.7

2.1. Purpose of the insurance: Mortgage

- What is the amount of the mortgage? €
- What is the term?
- What is the type of mortgage? (E.g. interest-free, annuity, linear)
- What is the effective date of the mortgage?

Documents to be supplied:

- Mortgage deed or proof of loan
- Annual statements or income tax returns from the past three years

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2.2. Purpose of the insurance: Care for next of kin

- What calculation (numerical justification) underlies the sum insured?

- Is there a provision for surviving dependants (e.g. via your employer/ pension agreement)?

  ❑ No ❑ Yes

  - If so, how much is the monthly payment? €

tip: see www.mijnpensioenoverzicht.nl

Documents to be supplied:

- Annual statements or income tax returns from the past three years

Financial questionnaire

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2.3. Purpose of the insurance: Associate insurance

Name of the company: Number of employees:

Company website:

What is your position within the company:

What are your tasks within the company:

If you are a shareholder or associate, what percentage of shares do you own: %

Number of shareholders/associates:

What has been the company's turnover, gross and net profit for the last 3 years?

Turnover:	2019: €	2020: €	2021: €
Gross profit:	2019: €	2020: €	2021: €
Net profit:	2019: €	2020: €	2021: €

- What calculation (numerical justification) underlies the sum insured?

- What is the value of the company?

- Which valuation method was used to determine the value?

- What financial obligations arise in the event of your death?

- Is term life insurance taken out for all shareholders/partners? ❑ No ❑ Yes
- If not, please explain the reason.

Documents to be supplied:

- Value assessment of the company
- Excerpt from the Chamber of Commerce
- UBO Statement
- Organisation chart including holding structure
- Annual figures for the past three years

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2.4. Purpose of the insurance: Hedge against inheritance tax

- What is the value of the estate? €
- How many heirs are there and who are they?

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2.5. Purpose of the insurance: Keyman-insurance

Name of the company: Number of employees:

Company website:

What is your position within the company:

What are your tasks within the company:

When did you start working for the company?

- Why are you considered a keyman?

- What calculation (numerical justification) underlies the sum insured?

- Are there several keyman in the company? ❑ No ❑ Yes
- If so, are they also covered by term life insurance? ❑ No ❑ Yes
- If not, why not?

Documents to be supplied:

- Excerpt from the Chamber of Commerce
- UBO Statement
- Organisation chart
- Annual figures for the past three years
- Annual statements or tax returns for the past 3 years from the Keyman

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2.6. Purpose of the insurance: Business loan

Name of the company: Number of employees:

Company website:

What is your position within the company:

What are your tasks within the company:

If you are a shareholder or associate, what percentage of shares do you hold: %

Number of shareholders/associates:

What was the turnover, gross and net profit of the company in the last 3 years?

Turnover:	2019: €	2020: €	2021: €
Gross profit:	2019: €	2020: €	2021: €
Net profit:	2019: €	2020: €	2021: €

- What is the purpose of the loan?
- What is the amount of the loan?
- What is the term?
- What are the repayment conditions?
- Who is the lender?

Documents to be supplied:

- Proof of loan
- Excerpt from the Chamber of Commerce
- UBO statement
- Organisation chart
- Annual figures of the company for the past three years
- Annual statements or tax returns from the past three years from the insured party

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2.7. Purpose of the insurance: Other

- What is the reason for applying for the insurance?

- What calculation (numerical justification) underlies the sum insured?

Documents to be supplied:

- Annual statements or tax returns for the past 3 years

Depending on the purpose and/or the documents provided, additional documents may be requested.

Financial questionnaire

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3. Other insurances

Do you have any current life insurance policies or will you be applying for an additional term life insurance with TAF or another company?

❑ No ❑ Yes

Company:

Start date:

End date:

Sum insured: €

Purpose:

Company:

Start date:

End date:

Sum insured: €

Purpose:

Company:

Start date:

End date:

Sum insured: €

Purpose:

4. Criminal record

Have you, or another party involved in this insurance, been in contact with the police or judicial authorities in the past 8 years for (co-) committing an offence? Or are you currently involved in a judicial investigation?

❑ No ❑ Yes

If yes, please explain:

5. Signing

I hereby declare that I have answered the above questions truthfully and completely and agree that this questionnaire together with the application will form the basis of the agreement between me and TAF BV.

I am aware that if I conceal data, or provide incorrect or incomplete information, the insurance application may be terminated.

Date: Location:

Signature insured:

Save

TAF BV, Postbus 4562, 5601 EN Eindhoven

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